

Sheltered Workshops for the Mentally Retarded Application/Exemption Certificate

Louisiana R.S. 47:305.38

Louisiana Department of Revenue Special Programs Division P.O. Box 4998

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PLEASE PRINT OR TYPE.

| Sheltered Workshop Information | | | | |
|--------------------------------|-------|-----|--|--|
| Name of Sheltered Workshop | | | | |
| Home Address | | | | |
| City | State | ZIP | | |
| Mailing Address | | | | |
| City | State | ZIP | | |
| Telephone | | | | |

Revised Statute 47:305.38 provides a state and local sales tax exemption for sheltered workshops for the mentally retarded licensed by the Department of Children and Family Services (Louisiana Department of Health and Hospitals) as a day developmental training center.

- The sales tax exemption applies only on the workshop's sales and purchases of tangible personal property.
- The sales tax exemption does not apply to taxable leases or rentals or purchases of the following taxable services enumerated in Revised Statute 47:301(14):
 - 1. The furnishing of sleeping rooms by hotels;
 - 2. The sale of admissions to places of amusement and to athletic and recreational events, and the furnishing of privileges of access to amusement, entertainment, athletic, or recreational facilities;
 - 3. The furnishing of storage or parking privileges by auto hotels and parking lots;
 - 4. The furnishing of printing and over printing;
 - 5. The furnishing of laundry, cleaning, pressing, and dyeing services;
 - 6. The furnishing of cold storage space and the preparation of property for such storage;
 - 7. The furnishing of repairs to tangible personal property; and
 - 8. The furnishing of telecommunications services.
- A copy of the Department of Children and Family Services (Louisiana Department of Health and Hospitals) license certifying the sheltered workshop as a day developmental training center is required for approval.

| Authorized Representative of the Sheltered Workshop Completing this Application | | | |
|---|-------------------|--|--|
| Name | Title | | |
| Signature | Date (mm/dd/yyyy) | | |

| FOR OFFICIAL USE | | | |
|------------------|--|-------------------|--|
| ☐ Approved | Signature of Department Representative | Date (mm/dd/yyyy) | |
| ☐ Disapproved | | | |